

RECIing CREW 2010

GRADE IN SEPT. 2010 _____

RC1 _____ RC2 _____ RC3 _____ RC4 _____ RC5 _____ RC6 _____ RC7 _____
(6/28-7/2) (7/5-7/9) (7/12-7/16) (7/19-7/23) (7/26-7/30) (8/2-8/6) (8/9-8/13)

PLEASE CHECK OFF THE SESSION ABOVE AND COMPLETE THIS FORM. BRING IT TO THE FIRST DAY OF RECIing CREW. Your child will not be able to stay at RECIing CREW without this form.

PLEASE PRINT

CHILD'S NAME _____

ADDRESS _____

HOME PHONE# _____

MOTHER'S NAME _____

MOTHER'S WORK PHONE () _____ CELL PHONE () _____

FATHER'S NAME _____

FATHER'S WORK PHONE () _____ CELL PHONE () _____

Emergency Contact Name _____ (Other than parent/guardian)

Emergency Contact Phone# _____

NOTE: Emergency contact must be available during program hours.

Doctor's Name _____ Phone# _____

1. List Allergies:

2. List Physical Limitations:

3. Is your child currently on medications? Yes ____ No ____

If yes: Medication Condition

4. Will your child be continuing this medication during the summer camp experience? Yes _____ No _____

I understand that my child will be suspended from RECIing CREW if I fail to adhere to the guidelines set forth in the RECIing CREW parent manual. Inappropriate behavior will not be tolerated and is grounds for immediate dismissal.

SIGNED _____
(Not Valid unless signed by Parent/Guardian)

LIST AUTHORIZED NAMES FOR CHILD PICK-UP ON BACK WITH PHONE & CELL NUMBERS.